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To: Assistant Commissioner for Patents	From: Estella Pineiro 818/493-2251
Attention: Examiner Unassigned Art Unit: 3762 TECHNOLOGY CENTER 3700	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571/273-8300	Telecopier: 818/362-4795
RE: Notice of Filing of Related Application Applic. No. 10/792,082 Filed: 03/02/2004 Docket No. A04P1018 Confirmation No. 4890	Number of pages being sent: <u>4</u> (including cover page)

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE OR FACSIMILE. THANK YOU.

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Katie Hoberman et al.	Confirmation No.	4890
Serial No.:	10/792,082	Examiner:	Unassigned
Filed:	03/02/2004	Art Unit:	3762
Docket No.:	A04P1018		
For:	CARDIAC STIMULATION DEVICE WITH ADJUSTABLE BLANKING INTERVALS		

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop OIPE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Notice of Filing of Related Application
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	28	28	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	4	4	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$ 0**

☒ Charge Deposit Account No. **16-0068**
the amount of

\$0**

**A copy of this letter is
enclosed.**

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PATENT

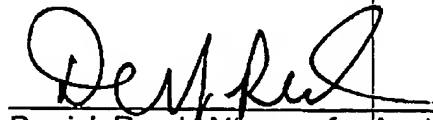
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- X Any additional filing fees required under 37 CFR 1.16.
- X Any patent application processing fees under 37 CFR 1.17.

- X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- X Any patent application processing fees under 37 CFR 1.17.
- X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

7/19/05

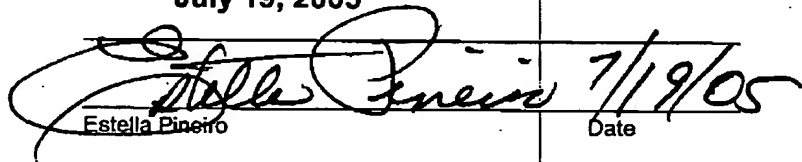


Derrick Reed, Attorney for Applicants
Reg. No. 40,138

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

July 19, 2005



Estella Pinciro

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Date

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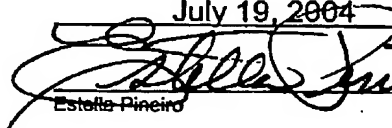
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Docket No.:	A04P1018		
For:	CARDIAC STIMULATION DEVICE WITH ADJUSTABLE BLANKING INTERVALS		

NOTICE OF FILING OF RELATED APPLICATION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office,
on:

July 19, 2004


Estelle Pineiro Date 7/19/05


Dear Sir:

Notification is hereby being made of the filing of a related application for the
above referenced case. The related application was filed on March 3, 2004 and
assigned Serial No. 10/794,566.

Respectfully submitted,

7/19/05

Date



Derrick W. Reed
Registration No. 40,138
Attorney for Applicant(s)
818/493-2200

CUSTOMER NUMBER: 36802